

he was able to excite violent inflammation. One of the animals operated on survived fourteen months; notwithstanding total paralysis and contracture of the hind limbs, its general health was good. After the animal was killed, a careful examination was made. The spinal cord at the seat of operation was very thin, and was covered with a thick layer of fat; in the substance of the anterior cornua was a cyst, having its origin in the softening of the tissue; there was also found a focus of rarefied matter, consisting of loose connective tissue with dead nerve elements; and in the neighborhood of the focus of softening, in the parts which, at the beginning of the process, were swollen and infiltrated with cells, was a tough sclerotic net-work containing only scattered nerve fibres, without nucleated cells, but with some stellate cells and single nuclei. The muscles of the hind leg were the seat of interstitial fatty growths; the muscular fasciculi had almost disappeared; the motor nerve roots were atrophied; the degeneration extended upward in the form of a narrow strip in the posterior columns as far as the cervical enlargement. The sclerosis arising from acute myelitic processes or produced by experiment on animals, corresponds to the sclerosis observed in the human spinal cord, and appears to be an ultimate product of those inflammations of the spinal cord, which, without essential distinction, lead to infiltration, and subsequently to atrophy.—*Brit. Med. Jour.*, Nov. 9, 1878.

SYPHILITIC NEUROSES.—We copy the following abstract of a paper, by Dr. W. R. Gowers, read before the British Medical Association last August, for the *British Med. Journal*, Aug. 31 :

The object of the paper was to examine the question of the extent to which syphilis is a cause of the affections of the nervous system, distinguished as neuroses, from the diseases of the adneurial structure, membranes, vessels, etc., which are known to be so frequently syphilitic. The conclusions were drawn from personal observation at the National Hospital for the Paralyzed and Epileptic, all cases being rejected in which any indication of primary "adneurial" disease could be traced or in which any other cause than syphilis could be assigned. The conclusions reached were that idiopathic epilepsy does not result from acquired syphilis. Almost all cases of chronic convulsion after syphilis presenting indications of primary local brain disease, or else of inherited tendency to epilepsy. On the other hand, idiopathic epilepsy was found to be an occasional result of inherited syphilis. No case of the association of chorea and syphilis, inherited or acquired, had been met with, although a few cases are on record in medical literature. Certain forms of general paralysis certainly followed syphilis, but they rarely presented marked optimism. Paralysis agitans cannot be associated with syphilis, but progressive muscular atrophy seems to be an occasional distinct effect, although in inferring this, care must be taken to avoid mistaking for it the results of pachymeningitis. Lateral sclerosis of the cord, it was thought, only occurs as a consequence to syphilis secondarily to pressure higher up, but posterior sclerosis (locomotor ataxy) is certainly one of the most common neural effects, many syphilitic cases having been met with in which there was no evidence of pressure or initial myelitis, but there had

apparently been a primary slow degeneration of the posterior columns. Cases illustrating the several affections were appended to the paper. Dr. Gowers had found that most of the cases considered in the paper were not amenable to anti-syphilitic treatment in the same degree as the adneurial diseases; but in most of the cases the diseases had existed for some time before they came under observation, and the importance of the trial of early treatment by those who had the opportunity was strongly urged. If it were found that in these affections, as in some of the late manifestations of inherited syphilis, tonic rather than specific treatment was needed, it was probable that the connection with syphilis was an indirect one. Some observations on the prognosis in the common syphilitic diseases of the nervous system (of membranes, vessels, and growths) concluded the paper. It was urged that more caution in prognosis is necessary, by discrimination of the adneurial syphilitic disease, which could be cured, from the neural effect, which was not syphilitic and was often beyond treatment.

THE MENSTRUAL PSYCHOSES.—The following is the abstract of a paper by Dr. Krafft-Ebing in the *Archiv. f. Psychiatrie*, VIII., 1, 65, as given in the *Revue des Sci. Méd.*, Oct., 1878:

The author gives his first pages to the collection of certain facts scattered through medical literature, and relating to psychoses occurring periodically at the menstrual periods. He adds to these nineteen observations of his own, of this kind of insanity, in which the symptomatology, the march, the prognosis, and the effects of treatment (in particular, the administration of bromide of potassium) are given in full detail.

He next discusses the pathology of menstrual psychoses. All agree in admitting that in females, at the period of menstruation, the nervous system exhibits a certain greater vulnerability than is its habit; hence it might be questioned whether the psychic disorders coming on at these periods, are any more than an exaggeration of the phenomena of excitation usually observed in females at this period of their physiological existence. But facts of clinical observation show the intervention, in menstrual psychoses, of a predisposition of older date which renders the intellectual centres a veritable *locus minoris resistantiæ*. In eleven of the cases observed by Krafft-Ebing, the influence of heredity was very manifest, and in all those in regard to whose antecedents particulars could be gained, were exhibited all the signs of a neuropathic constitution, with disorders of sensibility, of motility, and of the vaso-motor system.

On the other hand, as the functional disorders of menstruation and the lesions of the genital organs are not always very marked, and may even be lacking, it is evident that the physiological process of menstruation is, of itself, capable of provoking an acute psychosis in a woman whose brain is in a condition of abnormal excitability.

As to the pathogenic mechanism of these psychoses, they are evidently vaso-motor neuroses, characterized by periodical congestions of the cerebral centres. It remains to be seen how the menstrual process can develop phenomena of fluxion in the brain, analogous to those that have the genital